NWS CHANGE FORM					1. DATE SUBMITTED		
PART A				08Oct99			
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).							
2. ORIGINATOR OFFICE 3. SUBMITTING AUTHORITY 4. COGNIZANT TECHNICAL INDIVIDUAL					5. ORIGINATOR TRACKING NUMBER		
NWS W/APO		Mary Glackin Code: W/APO	Name: Walter T Sco Routing Code: W/Al Phone: (301) 713-15	PO/SE	RC-W/APO-002		
6. SYSTEMS AFFECTED BY CHANGE					7. WSH TRACKING NUMBER		
□ DATA PRODUCTS (Complete Data Products Supplement) □ ASOS □ AWIPS □ CRS □ NEXRAD □ THER (specify)				, ,	NWS 511		
8. TITLE OF CHANGE AWIPS Work Station Memory Increase							
9. TYPE OF CHANGE 10. SITES AFFECTED (At					ach Part B, Page 2, if needed)		
□ ARDWARE □ SOFTWARE □ DOCUMENT			NTATION ONLY	See Attachment Part	A page 3		
11. STATEMENT OF	REQUIREMENT, P	ROBLEM, OR DEFICIENCY	Y OF EXISTING SYSTE	M (Include problem report re	eference numbers.)		
The AWIPS Work Stations have experienced increased processing speed and performance with an increase of the onboard memory. The system has been experiencing speed performance problems with the advent of Software build 4.2.2. due to an increase in database size, accessibility and functionally that was introduced in the build.							
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.) All AWIPS Type III work stations will receive an additional 256MB of Random Access Memory. This solution has been tested on NWS NHDA system and field tested at Site KRF.							
System and now terr	cu at Sito ia						
13. ALTERNATE SOL	UTIONS						
None - processing po	ower must be incre	eased to accommodate bu	uild 4.2.2.				
14. REQUIRED 15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)							
CHANGE DATE 10 Nov 1999 Processing capability and speed must be increased to accommodate current and future software builds.							
		C	CB/PMC/CMB DEC	CISION			
16. DECISION AUTHORITY LEVEL		CCB LEVEL O	NLY	☐ PMC or NWS CMB DECISION REQUIRED			
17. CCB LEVEL DECISION		APPROVED		SIGNATURE			
		RECOMMEND APPROVAL		DATE SIGNED			
		□ DISAPPROVED					
FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED							
18. PMC OR NWS CMB DECISION		☐ APPROVED		SIGNATURE			
		☐ DISAPPROVE	D	DATE SIGNED			

1. ORIGINATOR TRACKING NUMBER **NWS CHANGE FORM** PART B RC-W/APO-002 All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or 2. WSH TRACKING NUMBER do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject. FUNDING INFORMATION 3. SOURCE OF 4. TOTAL COST Estimate costs and indicate known sources of funding. (Include travel time, installation time, **FUNDING** administrative time, and software development time when applicable.) \$\$***** 5. DEVELOPMENT COSTS (Estimate development costs) **AMOUNT** 6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs) **AMOUNT** NA 7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs) **AMOUNT** \$***** Contract Mod Acquisition and installation costs of new memory modules 8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs) AMOUNT **AMOUNT** 9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs) 9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits) **AMOUNT** Contract Mod Increased Maintenance Costs \$**** **SUPPORTING INFORMATION AND SCHEDULES 4** Provide detailed information needed to implement the requested change. 10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, 11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.) Beta Test, and OT&E) NA NA 12. IMPLEMENTATION/RETROFIT SCHEDULE 13. FACILITY INFORMATION (Attach facility drawings/plans.) See Attachment Part B page 3 14. COMMUNICATIONS INSTALLED (Type required, who will order, and 15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED associated hardware required; attach Part B, Page 2, if needed.) NA 17. COORDINATION OF CHANGE WITH OTHER CHANGES 16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each) NA 18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, 19. STAFF RESOURCE IMPACTS (Skills and workload impact on and document numbers. Attach Part B, Page 2, if needed.) maintainers, operators, and managers.) See attach B page 2 None 20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and 21. OPERATIONAL IMPACTS (Include continuity and back up support equipment impacts.) needs and plans.) System will be run in degraded mode (the un-involved DS handling NA load) while each DS is modified. (Approximately 4 hours/site) 22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.) HP personnel will install and test new memory board in each WS. HP personnel will report completion of upgrade to NCF.

NWS CHANGE FORM PART B - PHYSICAL ITEM AND DOCUMENT IMPACT MATRIX SUPPLEMENT					1. ORIGINATOR TRACKING NUMBER				
			dification Notes and Software Rel mitters should complete this infor			2. WSH TRACK	ING NUMB	9. SUPERSEDING DOCUMENT A. IDENTIFIER B. REV	
3. ITEM NAME, CIRCUIT TYPE, SOFTWARE VERSION, OR SITE LOCATION 4. REMOVE REPLACE MODIFY		5. SUPERSEDED ITEM OR CONFIGURATION		6. SUPERSEDING PART NUMBER OR NEW CONFIGURATION	7. DOC TYPE	8. SUPERSEDED DOCUMENT			
		A. PART NUMBER OR CONFIGURATION	B. SERIAL NUMBER(S) OR COMMENTS			A. IDENTIFIER	B. REV	A. IDENTIFIER	
AWIPS Type III Work Station DS1A	Modify		Memory Modue	A3483A	Parts List	AWP-000000- 109-0500-	0000		000

NWS CHANGE FORM	1. ORIGINA	TOR TRACKING NUMBER				
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.				2. WSH TRACKING NUMBER		
3. CCB COST EVALUATION NWS COST \$** FAA COST \$ DOD COST \$ OTHER AGENCY COST \$ TOTAL COST \$ ** (SPECIFY)						
4. IMPLEMENTATION DOCUMENTS REQUIRED Engineering Modification Note Software Release Notes Gther Document (Specify)						
NA NA	DATE	OFFIC	<u>E</u>	VERIFY COMPLETION		